

REGISTRATION FORM
Child Support Enforcement— Opening Doors for Children

16th National Child Support Enforcement Training Conference
September 11-13, 2006



To ensure proper registration, please print clearly and fill out completely. Registration Fee: \$225.00

Name: _____
Prefix First Name Middle Initial Last Name

Preferred Badge Name: _____

Position Title: _____

E-Mail: _____

Address: _____

City/State/Zip: _____

Phone () _____ FAX () _____

PROFESSIONAL TYPE

POSITION

Please check one from this column

Please check one from this column

- ____ 1. State
- ____ 2. Tribal
- ____ 3. Federal
- ____ 4. Private
- ____ 5. Other _____

- ____ 1. Front Line Worker
- ____ 2. Trainer
- ____ 3. Attorney
- ____ 4. Supervisor/Manager
- ____ 5. Other _____

Special Meals: Vegetarian Kosher

Special Needs: *(Be specific, e.g., sign language interpreter)* _____

METHOD OF PAYMENT

(Payment must accompany form to be processed)

Registration Fee: \$225.00

____ OCSE Central Office Staff Only (HHS 393 will be submitted.)

____ State Access and Visitation Program Coordinators (By invitation only)

Please charge: AMEX VISA MASTER CARD DINERS CLUB

Credit Card Number: _____

Name as it appears on card: _____ Exp. Date: _____

Check Enclosed *Payable to :Westover Consultants, Inc.*

Purchase Order *(Form must be complete in order to process your registration)*

FAX To: **301-652-5935**
Contact Person: Wanda Camper
Phone: 301-657-5808

MAIL To: **Westover Consultants, Inc.**
4340 East-West Highway, Suite 900
Bethesda, Maryland 20814

CANCELLATION: *Written cancellations made on or before August 18, 2006 will be refunded in full. After that date, no refunds will be granted for cancellations or for registrants who fail to attend. Substitutions are welcome at any time. Confirmation of your registration will be mailed within 4 business days of receipt of this form.*